



NEW PROVIDER ORIENTATION

BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES (BDDS)

**Ranita Norman, Director of Provider Relations
December 1, 2010**

NEW PROVIDER PROPOSAL PACKET

- The New Provider Proposal Packet must be completed in full for consideration to become an approved BDDS service provider.
- If any section of the New Provider Proposal Packet is missing or incomplete, application will be denied.
- Applicants have 30 days from today's date to submit applications (January 3, 2011).
- No exceptions will be made.

NEW PROVIDER PROPOSAL PACKET

The New Provider Proposal Packet includes the following information:

- Application for Approval
- Types of Services & Required Documentation Checklists
- Taxpayer Identification Number Request
- FSSA Provider Data Form
- State of Indiana Automated Direct Deposit Authorization Agreement
- Schedule A – Medicaid Home and Community-Based Services Waiver Provider Agreement
- Bureau of Developmental Disabilities Services Provider Enrollment Form

NEW PROVIDER PROPOSAL PACKET – APPLICATION FOR APPROVAL

- Date of Application
- Legal Name of Company
- Type of Entity
- Current Main Address (Not P.O. Box)
- Contact Information
 - Phone Number
 - Email
- Date of Orientation

NEW PROVIDER PROPOSAL PACKET – TYPES OF SERVICES & REQUIRED DOCUMENTATION

- A written service proposal indicating the services you are applying to provide and the required documentation for each service indicated must be provided.
- The 2 types of services are:
 - Residential Services (Part 3)
 - Ancillary Services (Part 4)
- The required documentation differs between the 2 services and some services within each type require additional documentation.

NEW PROVIDER PROPOSAL PACKET – TYPES OF SERVICES (RESIDENTIAL)

Residential Services include:

- Adult Day Services (level 1)
- Adult Day Services (level 2)
- Adult Day Services (level 3)
- Adult Foster Care
- Caregiver Support Services
- Community Transition Supports
- Family and Caregiver Training Services
- Community Based Habilitation – Group;
- Community Based Habilitation – Individual
- Facility Based Habilitation – Group;
- Facility Based Habilitation – Individual
- Prevocational Services
- Supported Employment Follow Along
- Rent/Food for Unrelated Live-In Caregiver
- Residential Habilitation and Support - Provider is responsible for providing the following;
 - Residential Habilitation and Supports, Transportation (when greater than 35 hrs/wk of RHS are provided), Health Care Coordination, Community Habilitation
- Residential Living Allowance
- Respite Services
- Electronic Monitoring (See “Additional Requirements” section)
- Facility Based Support Services
- Family and Caregiver Training
- Transportation
- Workplace Assistance

NEW PROVIDER PROPOSAL PACKET – RESIDENTIAL SERVICES REQUIRED DOCUMENTATION

All proposals for Residential Services must include the following 11 sections:

- Legal Documents
- Insurance Coverage
- Financial Documentation
- Organizational Chart
- Proof of Managerial Ability
- Documentation of Criminal Histories
- Qualifications
- Staff Training Curriculum
- Policies and Procedures Manual
- Quality Assurance and Quality Improvement
- Proof of National Accreditation (If applicable)

NEW PROVIDER PROPOSAL PACKET – TYPES OF SERVICES (ANCILLARY)

Ancillary Services include:

- Behavioral Support Services (Level 1)
- Behavioral Support Services (Level 2)
- Intensive Behavioral Intervention (Level 1)
- Intensive Behavioral Intervention (Level 2)
- Environmental Modifications (See “Additional Requirements” section)
- E-Mods Assessment, Inspection and Training
- Music Therapy
- Occupational Therapy
- Personal Emergency Response Systems (See “Additional Requirements” section)
- Physical Therapy
- Psychological Therapy Services
- Recreational Therapy
- Specialized Medical Equipment/Supplies (See “Additional Requirements” section)
- SMES Assessment, Inspection and Training
- Speech/Language Therapy

NEW PROVIDER PROPOSAL PACKET – ANCILLARY SERVICES REQUIREMENTS

All proposals for Ancillary Services must include the following 10 sections:

- Legal Documents
- Insurance Coverage
- Financial Documentation
- Organizational Chart
- Proof of Managerial Ability
- Documentation of Criminal Histories
- Qualifications
- Policies and Procedures Manual
- Staff Training Curriculum (if employing staff)
- Quality Assurance and Quality Improvement

REQUIRED DOCUMENTATION – LEGAL DOCUMENTS

- Certificate of incorporation/authority from the Secretary of State of Indiana;
- Verification of any assumed business names (DBAs), if applicable, from the Secretary of State of Indiana;
- Verification of a tax identification number from the Internal Revenue Service;
- Proof of registration of any assumed business names (DBAs), if applicable, from office of the County Recorder of each county in which a place of business is located.

REQUIRED DOCUMENTATION – INSURANCE COVERAGE

All applications must include proof of insurance meeting the minimum requirements outlined in 460 IAC 6:

- Proof of property insurance
- Personal liability insurance including:
 - personal injury
 - loss of life
- Property damage to an individual caused by fire, accident, or other casualty arising from the provision of services to the individual by the provider
- Auto Insurance (if applicable)

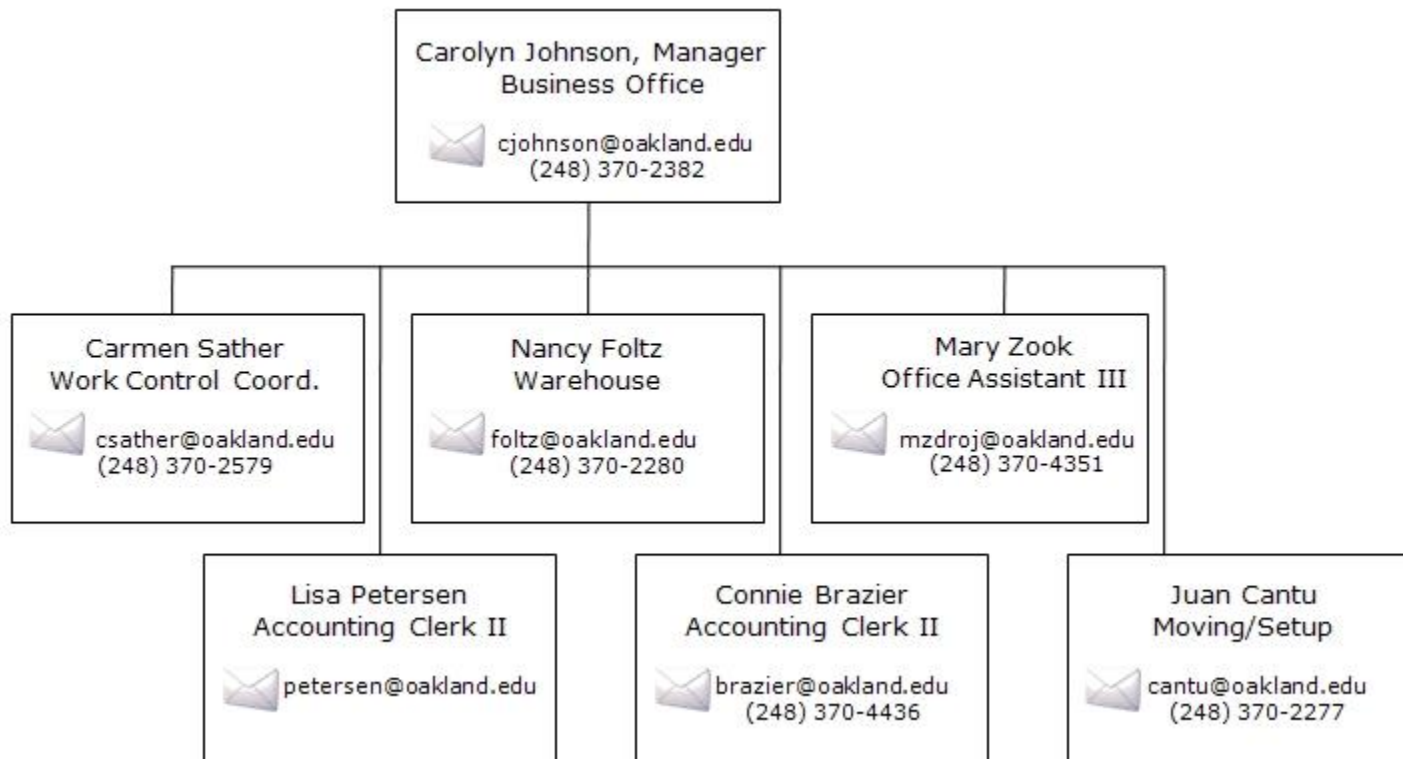
REQUIRED DOCUMENTATION – FINANCIAL DOCUMENTATION

- Current expenses and revenues;
- Projected budgets outlining future operations (i.e., projected future costs and income);
- Letter from a financial institution verifying the financial stability of the entity, which must state the ability to obtain a line/letter of credit, in the agency's name, a specified amount which will allow the entity to deliver services without interruption for at least two (2) consecutive months without payment.

REQUIRED DOCUMENTATION – ORGANIZATIONAL CHART

- A current organizational chart of agency, including parent and subsidiary corporations, if applicable.
- List all agency positions, including vacancies.
 - Include a job description for each position;
 - major duties required of the position;
 - responsibilities of the employee in the position;
 - and the name/title of the supervisor to whom the employee in the position must report.
- Positions should match the positions noted on the organizational chart.

REQUIRED DOCUMENTATION – ORGANIZATIONAL CHART



REQUIRED DOCUMENTATION – PROOF OF MANAGERIAL ABILITY

- All applications must include supplemental proof that the principal parties involved possess the managerial abilities to deliver requested services and to manage the business aspects of being a provider. The following must be submitted:
- Resumes;
- Diplomas/transcripts, if applicable;
 - *If the resume reflects a college degree, a copy of diploma and transcript must be included.*
- Training experience/certifications/licensure.

REQUIRED DOCUMENTATION – CRIMINAL HISTORIES

- All applications must include documentation of criminal histories meeting the minimum requirements outlined in 460 IAC 6.
- ***An original*** limited criminal background check is required on ***each*** individual involved in the management, administration, or provision of services (Internet copies accepted.)
- Must be obtained within ***90 days*** of submission of the application
- Must have an original signature or certified stamp from the appropriate agency (if obtained through agency)

REQUIRED DOCUMENTATION – CRIMINAL HISTORIES

Criminal Histories are required from *each* of the three sources:

- The Indiana State Police Central Repository
- The County Sheriff Office for each county in which the individual has resided during the past three years. If you reside/resided in another state(s), you must submit criminal histories for all states/counties for the past 3 years.
- Verification from the State Nurse Aide Registry of the Indiana State Department of Health (ISDH)

REQUIRED DOCUMENTATION - QUALIFICATIONS

- This section requires service and staffing qualifications for each service requested.
 - All applications must include evidence that the applicant's employees meet the qualifications for each supported living service for which the applicant is seeking approval to provide. (460 IAC 6-5)
 - See 460 IAC 6-14 the specific staff qualifications for each service.

REQUIRED DOCUMENTATION – STAFF TRAINING CURRICULUM

- All applications must include a staff training curriculum/manual that includes training given to staff specifically related to the service(s) provided and for which the applicant is seeking approval to provide.

REQUIRED DOCUMENTATION – POLICIES AND PROCEDURES MANUAL

- All applications must include the policies and procedures of the applicant's organization. The following must be included in the policies and procedures of the organization and must meet the minimum standards set forth in the Provider Standards Policy:
 - Code of Ethics;
 - Rights of Individuals;
 - Protection of an Individual;
 - Incident Reporting;
 - Transfer of an Individual's Records;
 - Notice of Termination of Services;
 - General Administrative Requirements for Providers;
 - Transportation of an Individual;
 - Personnel Policies;
 - Maintenance of Records of Services Provided;
 - Behavioral Support Plan;
 - Training Services, if applicable;
 - Coordination of Health Care.

REQUIRED DOCUMENTATION – QUALITY ASSURANCE AND QUALITY IMPROVEMENT

- All applications must include documentation of an internal quality assurance and quality improvement system meeting the minimum requirements outlined in 460 IAC 6.
- A Provider shall have an internal Quality Assurance and Quality Improvement System that is:
 - Focused on the Individual
 - Appropriate for the services being provided
 - Described in a single written policy and procedure

REQUIRED DOCUMENTATION – PROOF OF NATIONAL ACCREDITATION

- All Providers seeking to provide Day Services must submit proof of accreditation by, or proof of application to seek accreditation from, one of the following organizations:
 - The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor;
 - The Council on Quality and Leadership in Supports for People with Disabilities or its successor;
 - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor;
 - The National Commission on Quality Assurance or its successor;
 - An independent national accreditation organization approved by the Secretary of FSSA.

ACCREDITATION REQUIRED FOR DAY SERVICES

Providers will need accreditation as outlined in I.C. 12-11-1.1-1 for approval as a provider of the following Day services:

- Community Habilitation – Group, Community Habilitation – Individual
- Adult Day Service
- Facility Habilitation – Group, Facility Habilitation – Individual
- Supported Employment Follow Along
- Prevocational Services
- Workplace Assistance

ACCREDITATION ORGANIZATIONS – CONTACT INFO

- **CARF** - The Commission on Accreditation of Rehabilitation Facilities dredfield@carf.org
Dawn Redfield, 888-281-6531 x7172
- **CQL** - The Council on Quality and Leadership
<http://www.thecouncil.org> 410-583-0060
- **JCAHO** - The Joint Commission on Accreditation of Healthcare Organizations
<http://www.jointcommission.org> (630) 792-5000
- **ISO** - International Organization for Standardization www.iso.org

NEW PROVIDER PROPOSAL PACKET – REVIEW PROCESS

- Each proposal may have one (1) Request for Information (RFI) as a clarifier.
 - The provider will have 30 days to submit the requested documentation.
 - If all requested documentation is not received within the specified period of time, the proposal will be denied.
- If more than one (1) RFI is required, proposal will be denied.

NEW PROVIDER PROPOSAL PACKET

- Proposals will be accepted through close of business (4pm) January 3, 2011.
- Any proposals that do not follow the above requirements will not be reviewed.
- If any section of the New Provider Proposal Packet is missing or incomplete, **application will be denied.**
- Proposals will not be returned.
- Proposals become the property of BDDS Central Office. (It is the responsibility of the applicant to keep a copy of the submitted proposal.)
- Proposals may be subject to public inspection under the Indiana Access to Public Records Act (IC 5-14-3)

NEW PROVIDER PROPOSAL PACKET – REVIEW PROCESS

- Proposals will be reviewed in order of receipt.
- No extensions will be granted under any circumstance.
- Submit one signed hard copy and one electronic copy (CD, flash drive, etc.).
 - No scanned documents will be accepted.
- If approved by Provider Relations, RHS/BSS/IBI proposals need to be approved by the Community Residential Facilities Council (CRFC).

NEW PROVIDER PROPOSAL PACKET – CRFC REVIEW PROCESS

- Oral discussion (Q & A) for Residential and Behavioral Supports/IBI for final approval.
- If approved, Provider will be notified by Provider Relations.
- If denied, applicant will be notified in writing by the CRFC.

ADDITIONAL INFORMATION

- Provider will need to enroll with HP (EDS) to become enrolled with Medicaid.
- When provider receives Medicaid number, BDDS is able to activate
- New Providers will be visited within 6 months to 1 year after serving at minimum 1 consumer
- No consumer in one year – Subject to termination



NEW PROVIDER ORIENTATION

BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES (BDDS)

Ranita Norman, Director of Provider Relations
December 1, 2010

ranita.norman@fssa.in.gov